

2005 Carrier Product Portfolio

Plan Year 2004

Plan A – Closed to new sales 2/1/04

Plan B – Open to sales

Plan C – Open to sales

Plan Year 2005

Plan A – Closed to new sales 2/1/04

Plan B - Discontinue product 1/1/05

Plan C – Open to new and renewing sales

Plan D – New product available 1/1/05

Question: Is there a filing requirement for Plan B?

Answer: Yes. Carrier must provide plan sponsor and/or enrollees with 90-day notice required per RCW 48.43.035. Please see example.

EXAMPLE: COVER LETTER – DISCONTINUED & REPLACEMENT

SEPTEMBER 1, 2004

TO: OFFICE OF THE INSURANCE COMMISSIONER
RATES AND FORMS DIVISION
PO BOX 40255
OLYMPIA, WA 98504-0255

FROM: WASHINGTON CARRIER
0000 ANY STREET
ANY TOWN, ANY STATE 00000
CARRIER CONTACT: ANGELA BARNES, CONTRACT MANAGER
(If this is not the person preparing the filing please include that person's name also).
CONTACT PHONE: (000) 000-0000

SUBJECT: Contract Number: B-05
Product Name: Plan B
Proposed Effective Date: January 1, 2005

Dear Insurance Policy/Analyst:

The purpose of this letter is to inform you that Washington Carrier is discontinuing and replacing Plan B effective January 1, 2005. Per RCW 48.43.035 groups will be notified 90-days prior to their renewal date of this change. Enclosed are copies of the notices that Washington Carrier will be sending to its customers. These notices are provided for informational purposes.

Please be advised that Washington Carrier has developed new plans in addition to its current market portfolio. Groups will be offered the following upon renewal:

- Plan C
- Plan D

These products will be filed under separate cover for review purposes.

This letter and enclosed filing transmittal are prepared in duplicate. A self-addressed, stamped envelope is provided for your convenience in acknowledging final action on this filing.

Sincerely,
Washington Carrier

EXAMPLE: DISCONTINUED & REPLACEMENT
(PLAN SPONSOR NOTICE)

[Plan-Sponsor Letter]

Date

RE: 90-Day Replacement Notice.

Dear :

At Washington Carrier, we strive to offer health care benefits that suit the needs of our employer groups and their employees. This process involves regular review of our current product offering and occasionally requires us to make changes. In an effort to keep up with this trend and focus on improving other business functions, we have decided to replace your existing plan with a new benefit plan on your group's renewal date.

The purpose of this letter is to notify you of these upcoming changes and a summary of your new options. Washington regulation requires us to notify you of this plan replacement 90-day in advance of the benefit changes. Your current benefit plan will remain in place until your annual renewal date.

If you have questions please call 1-XXX-XXX-XXXX with questions or concerns you might have. You can also contact your insurance broker for assistance.

Sincerely,

Washington Carrier

EXAMPLE: DISCONTINUED & REPLACEMENT
(MEMBER 90-DAY NOTICE)

Date

RE: 90-day Replacement Notice.

Dear :

At Washington Carrier, we strive to offer health care benefits that suit the needs of our employer groups and their employees. This process involves regular review of our current product offering and occasionally requires us to make changes. In an effort to keep up with this trend and focus on improving other business functions, we have decided to replace your existing plan with a new benefit plan on your group's renewal date.

The purpose of this letter is to notify you of these upcoming changes. Washington regulation requires us to notify you of this plan replacement 90-day in advance of the benefit changes. Your current benefit plan will remain in place until your company's annual renewal date.

If you have questions please call 1-XXX-XXX-XXXX with questions or concerns you might have. You can also contact your Human Resources Department with any questions or concerns you might have.

Sincerely,

Washington Carrier

HEALTH CARE SERVICE CONTRACTOR/HEALTH MAINTENANCE ORGANIZATION TRANSMITTAL

1. Company ID WASHCOMPANY1234	2. Company Name WASHINGTON CARRIER	For OIC Use Only	
3. Date Submitted SEPTEMBER 1, 2004	4. Proposed Effective Date JANUARY 1, 2005	[] File ID	[] Analyst
5. Contact ANGELA BARNES	6. Title MANAGER, CONTRACTS	Approved	Date
7. Phone (000) 000-0000	8. Fax # (000) 000-0000	Reviewed	Initials
9. E-Mail ABARNES@WACARRIER.COM	10. Purpose of Filing TO FILE DISCONTINUE/REPLACEMENT INFORMATION	Withdrawn	
		Disapproved	
		Acknowledged	
		State Tracking #	

Check all forms that apply to this filing. If additional space is required to list contract numbers, attach a separate sheet. Please fill out columns A through C every time you check a box

	A	B	C
Line of Insurance	Contract # Effective Date	Prior Contract # Effective Date	Product Name
STANDARD MASTER CONTRACT			
11. <input type="checkbox"/> Large Group Contract (51+)			
<input type="checkbox"/> Small Group Contract (2-50)			
<input type="checkbox"/> Group Application			
<input type="checkbox"/> Member Application			
<input type="checkbox"/> Certificate of Coverage			
<input type="checkbox"/> Endorsement/Rider			
12. <input type="checkbox"/> Individual			
<input type="checkbox"/> Application			
<input type="checkbox"/> Endorsement/Rider			
13. <input type="checkbox"/> Conversion			
<input type="checkbox"/> Endorsement/Rider			
14. <input type="checkbox"/> Network Reports			
<input type="checkbox"/> Access Plan			
<input type="checkbox"/> Form B – Network Enrollment			
<input type="checkbox"/> GeoGraphic Network Report			
15. <input checked="" type="checkbox"/> Other	B-05		Plan B – Replacement Notice
16. <input type="checkbox"/> Small Group Limited Schedule of Benefits			
<input type="checkbox"/> Group Application			
<input type="checkbox"/> Member Application			
<input type="checkbox"/> Certificate of Coverage			
<input type="checkbox"/> Endorsement/Rider			
<input type="checkbox"/> Benefit Brochure			
PRIOR APPROVAL		Agreement #/Effective Date	Prior Agreement #/Effective Date
17. <input type="checkbox"/> Provider Agreement			
18. RATE		Contract #/Effective Date	Prior Contract #/Effective Date
<input type="checkbox"/> Proprietary			Negotiated Contract #/Effective Date
<input type="checkbox"/> For-Public			
19. NEGOTIATED CONTRACT		<input type="checkbox"/> Employer	<input type="checkbox"/> Association
<input checked="" type="checkbox"/> Fully Negotiated <input type="checkbox"/> Short-Form Filing		<input type="checkbox"/> Paperwork	<input type="checkbox"/> Paperwork
		<input type="checkbox"/> Government	<input type="checkbox"/> Trust
		<input type="checkbox"/> Paperwork	<input type="checkbox"/> Paperwork
		<input type="checkbox"/> Union	<input type="checkbox"/> Paperwork
Negotiated Contract Number:		Effective Date:	
Group Name:		Group Number:	
Standard Master Contract Number (short form filings only):		Effective Date:	
Forms Included in this Filing: <input type="checkbox"/> Contract <input type="checkbox"/> Certificate of Coverage <input type="checkbox"/> Group Application <input type="checkbox"/> Enrollee Application (Please list form numbers in Section 22 attached)			
20. NEGOTIATED ENDORSEMENT/RIDER (FOR FULLY NEGOTIATED CONTRACTS ONLY. PLEASE COMPLETE FIELD 19 ABOVE.)			
Negotiated Endorsement/Rider Form #:		Changes Apply to: <input type="checkbox"/> Contract <input type="checkbox"/> Certificate of Coverage	
Please note that rate filings and form filings must be submitted together for new plans			